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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                     |                                                                                          |                                  |                                    | Application or Docket Number<br><b>10/829,417</b> |                 | Filing Date<br><b>04/20/2004</b> |                     | <input type="checkbox"/> To Be Mailed |                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------------------------------------------|-----------------|----------------------------------|---------------------|---------------------------------------|-----------------------------|--|
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                  |                                    |                                                   |                 | <b>OTHER THAN SMALL ENTITY</b>   |                     |                                       |                             |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                            |                                                                                          | (Column 2)                       |                                    | SMALL ENTITY <input type="checkbox"/> OR          |                 | SMALL ENTITY                     |                     |                                       |                             |  |
| FOR                                                                                                                                                                                                                                                                                                                                                   | NUMBER FILED                                                                             | NUMBER EXTRA                     |                                    | RATE (\$)                                         | FEE (\$)        | OR                               |                     | RATE (\$)                             | FEE (\$)                    |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                   | N/A                                                                                      | N/A                              |                                    | N/A                                               | N/A             |                                  |                     | N/A                                   | N/A                         |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                  | N/A                                                                                      | N/A                              |                                    | N/A                                               | N/A             |                                  |                     | N/A                                   | N/A                         |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                             | N/A                                                                                      | N/A                              |                                    | N/A                                               | N/A             |                                  |                     | N/A                                   | N/A                         |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                      | minus 20 =                                                                               | *                                |                                    | X \$ =                                            | N/A             |                                  |                     | X \$ =                                | N/A                         |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                | minus 3 =                                                                                | *                                |                                    | X \$ =                                            | N/A             | X \$ =                           | N/A                 | N/A                                   | N/A                         |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) <div style="font-size: small; margin-top: 5px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</div> |                                                                                          |                                  |                                    |                                                   |                 |                                  |                     |                                       |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                  |                                    |                                                   |                 |                                  |                     |                                       |                             |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                            |                                                                                          |                                  |                                    |                                                   |                 |                                  |                     |                                       |                             |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                             |                                                                                          |                                  |                                    | TOTAL                                             |                 |                                  |                     | TOTAL                                 |                             |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                               |                                                                                          |                                  |                                    |                                                   |                 |                                  |                     |                                       |                             |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                            |                                                                                          | (Column 2)                       |                                    | (Column 3)                                        |                 | SMALL ENTITY OR                  |                     | OTHER THAN SMALL ENTITY               |                             |  |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                      | <b>09/29/2009</b>                                                                        | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     |                 | RATE (\$)                        | ADDITIONAL FEE (\$) | RATE (\$)                             | ADDITIONAL FEE (\$)         |  |
|                                                                                                                                                                                                                                                                                                                                                       | Total (37 CFR 1.16(i))                                                                   | * 80                             | Minus ** 81                        | = 0                                               |                 | X \$ =                           | OR X \$52=          | 0                                     |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       | Independent (37 CFR 1.16(h))                                                             | * 16                             | Minus *** 21                       | = 0                                               |                 | X \$ =                           | OR X \$220=         | 0                                     |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                  |                                    |                                                   |                 |                                  |                     |                                       |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                  |                                    |                                                   |                 |                                  |                     |                                       |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                  |                                    |                                                   |                 |                                  |                     |                                       |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                  |                                    |                                                   | TOTAL ADD'L FEE |                                  | OR                  |                                       | TOTAL ADD'L FEE<br><b>0</b> |  |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                      | (Column 1)                                                                               | (Column 2)                       |                                    | (Column 3)                                        |                 | RATE (\$)                        | ADDITIONAL FEE (\$) | RATE (\$)                             | ADDITIONAL FEE (\$)         |  |
|                                                                                                                                                                                                                                                                                                                                                       | Total (37 CFR 1.16(i))                                                                   | *                                | Minus **                           | =                                                 |                 | X \$ =                           | OR X \$ =           |                                       |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       | Independent (37 CFR 1.16(h))                                                             | *                                | Minus ***                          | =                                                 |                 | X \$ =                           | OR X \$ =           |                                       |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                  |                                    |                                                   |                 |                                  |                     |                                       |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                  |                                    |                                                   |                 |                                  |                     |                                       |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                  |                                    |                                                   |                 |                                  |                     |                                       |                             |  |
|                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                  |                                    |                                                   | TOTAL ADD'L FEE |                                  | OR                  |                                       | TOTAL ADD'L FEE             |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Legal Instrument Examiner:  
/TYWANA P. LOVEFACE/

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.